

PPIUCD and its Follow up: A Comparative Analysis with Interval IUCD

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Abstract: To compare the efficacy and complications of postpartum IUCD with interval IUCD. Method: It was a prospective study conducted in the Department of OBGY, KRH, and Gwalior. A total of 240 females fulfilling the inclusion and exclusion criteria underwent either PPIUCD or interval IUCD insertion, were followed up at 1½ month, 3 month, 6 months and one year after the insertion of IUCD. Data were analyzed by chi square test. Result: Postpartum PPIUCD insertions were also found to have less vaginal bleeding, infection and also effective as contraceptive when compared with interval IUCD. Conclusion: PPIUCD were demonstrably safe, having no reported incidence of perforation and pregnancy, very less incidence of pain in abdomen and pelvic infection.

Keywords: PPIUCD, INTERVAL IUCD, Comparative study of PPIUCD and INTERVAL IUCD.

INTRODUCTION

In a developing country like us, delivery is the only opportunity when healthy women come in contact with health care providers and once they go back home after delivery, do not return for even a routine postpartum checkup, leave aside contraception.

Early resumption of sexual activity coupled with early and unpredictable ovulation leads to many unwanted pregnancies in the first year postpartum resulting in increased induced abortion rates and consequently maternal morbidity and mortality.

Continuation of these pregnancies is also associated with adverse effect on maternal health and adverse perinatal outcomes.

So, IUCD insertion during delivery may be the best scope to curtail the fertility rate and also avoids complications resulting from induced abortions of unwanted pregnancy and anaemia[1].

Intrauterine devices are most cost effective long acting reversible contraceptives. Reported failure rate of IUCD is 0.8/100 women at one year and at 10 years failure rate is comparable with that of female sterilisation (1.9 per 100 women over 10 years).

According to ACOG, the ability of IUCD to prevent pregnancy is same as that of tubal sterilisation. FDA has approved the use of Cu IUCD for up to 10 continuous years, during which it remains highly effective. As per WHO IUCD decreased the risk of ectopic pregnancy by 50% as compared to women not using any type of contraceptive.

AIM AND OBJECTIVES

To compare the efficacy and complications of postpartum IUCD with interval IUCD

MATERIALS AND METHODS

Type of study

Hospital based prospective study conducted in the Department of OBGY, KRH, G.R. Medical College, and Gwalior from July 2016 to July 2017.

Type of participants

A total of 240 females fulfilling the inclusion and exclusion criteria underwent either PPIUCD or interval IUCD insertions. Cu-IUCD 375 was used in study.

Inclusion criteria

Postpartum mothers of reproductive age group willing for follow up and opting for contraception.

Exclusion criteria

History of chorioamnionitis, puerperal sepsis; Prolonged rupture of membrane > 18 hr; Unresolved PPH, extensive genital trauma; High risk of chlamydia and gonorrhoea infection, STD; Known pelvic

tuberculosis, diabetes and heart disease, PID; Clients who did not wish PPIUCD; Any abnormality of uterus.

METHODOLOGY

Group A – PPIUCD inserted within 10 minutes after delivery.

Group B – Any time 6 weeks after delivery

Cases were followed up at 1½ months, 3 months, 6 months and one year after insertion of IUCD.

Data were analyzed by Chi square test. For all the test results were considered statistically significant for p<0.05.

An informed consent was taken and CuT was placed high up the fundus immediately following vaginal delivery by long Kellye’s forceps (called post placental) in lithotomy position.

Those undergoing cesarean section, IUCD were placed high up at the fundus manually holding the IUCD in between middle and index fingers of the hand and passed it through the uterine incision followed by slow withdrawal of hands.

Strings were pointed towards cervical canal. Care was taken to avoid strings to be included during suture. Uterus was repaired in two layers.

RESULTS AND DISCUSSION

Table-1: Outcomes of PPIUCDs at the end of 1year

S.No.	Complications	Vag. Insertion (n=80)	Intracesa rean insertion (n=80)	Interval IUCD (n=80)	p value
1.	Perforation	0 (0%)	0 (0%)	0 (0%)	0
2.	Veg. discharge (White discharge)	4 (5%)	1 (0.12%)	5 (6.2%)	0.025
3.	Pain in abdomen	2 (2.5%)	3(3.7%)	4(5%)	0.707
4.	Bleeding P/V	2 (2.5%)	3(3.7%)	6(7.5%)	0.290
5.	Missing strings	6(7.5%)	10(12.5%)	0(0%)	0.006
6	Expulsion	8(10%)	6(7.5%)	1(1.25%)	0.062
Efficacy					
1.	Pregnancy	0 (0%)	0 (0%)	2 (2.5%)	0.133

Table-2: Outcomes of PPIUCDs

S.No.	Type of IUCD	No. of Cases	Continuation with satisfaction over 1 year	Percentage
1.	Vaginal	80	68	85%
2.	Intra caesarean insertion	80	70	87.5%
3.	Interval IUCD	80	65	81.2%

Table-3: Reasons of discontinuation over 1year

S.No.	Reason of removal	Type of insertion	No. of cases		Percentage
1.	Expulsion	Vag. Insertion	8	14/160	8.75%
		Transcaesarean	6		
		Interval IUCD	1	1/80	
2.	Bleeding P/V	Vag. Insertion	8	5/160	3.1%
		Transcaesarean	3		
		Interval IUCD	6	6/80	
3.	Husband expired	Vag. Insertion	1	2/160	1.2%
		Transcaesarean	1		
		Interval IUCD	3	3/80	
4.	Opted for permanent method of sterilization	Vag. Insertion	1	1/160	0.6%
		Transcaesarean	0		
		Interval IUCD	5	3/80	

PPIUCD is a highly effective, long acting, reversible, cost effective and easily accessible family planning method that is safe for use by most postpartum women including those who are breast feeding [2].

The rate of expulsion in interval IUCD group was 1.25% which was significantly lower as compared to PPIUCD group, particularly in vaginal delivery group.

Both vaginal insertions and intra-caesarean insertions are safe in terms of complications and efficacious from contraception point of view having no reported incidence of perforation and pregnancy.

Strings of PPIUCD were less visible when compared with interval IUCD particularly in trans caesarean group, may be attributed to coiling up of thread upwards as found in ultra-sonographic examination.

CONCLUSION

Insertion of IUCD in immediate postpartum period is an effective, safe and convenient contraceptive intervention in both caesarean and vaginal deliveries as well in interval IUCD [3].

Although, there is relatively higher incidence of expulsions after vaginal PPIUCDS insertions, they should be encouraged considering the advantages that come along [3].

It is concluded that PPIUCD is an effective, safe, reliable long term and convenient method of contraception compared to interval insertions PPIUCD has less rate of menorrhagia, irregular bleeding, pain lower abdomen, dysmenorrhea and pelvic infection. Though expulsion rate was slightly higher in PPIUCD group, the benefits of providing highly effective contraception immediately after delivery, particularly in country like India which has high rates of unplanned pregnancy and short interval pregnancies in women having limited access to health care outweighs this disadvantage [4].

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